

# Philip's Quality Care Services Limited

## Brockley, London

### Inspection report

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24 June 2022

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Brockley, London is a domiciliary care agency. At the time of our inspection the service was providing personal care to two older people and employed one care worker. The registered manager was supporting one of the people who used the service and was in the process of hiring another care worker. Both people using the service were private clients, meaning their care was not funded by the local authority.

### People's experience of using this service and what we found

People gave good feedback about the care they received. One person told us "It's a good service, they treat me with kindness and respect".

The provider did not consistently manage risks to people's care. We saw examples of the provider identifying risks to people and not conducting and implementing risk management procedures. The provider did not support people with their medicines, but did keep a record of the medicines people were taking. However, these did not include information about what these medicines were for and whether there were any side-effects to these. The care worker had received training in infection control and understood what measures to take to keep people safe.

The provider developed support plans with people, but these did not always include personalised detail about how they wanted their care delivered, for example their preferences in relation to their food.

The provider was still in the process of implementing and developing governance frameworks and systems of audit. However, the registered manager did not fully understand regulatory issues relating to risk management, which meant he did not identify the issues we found.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

We registered this service on 25 September 2020 and this was the first inspection. This location was dormant until March 2022. This meant that the provider was not providing personal care to people until this date and therefore could not be inspected.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to the delivery of person-centred care, the management of risks and good governance.

#### Recommendations

We have made recommendations in relation to medicines management and DBS checks. We will check if the provider has acted on any recommendations at our next comprehensive inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement**



### Is the service caring?

The service was not always caring.

Details are in our caring findings below

**Requires Improvement**



### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement**



### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement**



# Brockley, London

## Detailed findings

### Background to this inspection

#### Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by a single inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We checked information we held about the service such as registration information. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 24 June 2022 and ended on 18 July 2022. We visited the location's office on 24 June 2022.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider did not consistently assess risks to people's health and safety in the provision of their care. Both people's records said they were at risk of falls and pressure sores, but there were no specific risk assessments identifying the level of risk and there were no clear written guidelines saying how these risks were supposed to be managed safely.

The above constituted a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person we spoke with told us staff understood how they were supposed to be cared for. The care worker we spoke with understood risks associated with the person's care and explained how they would manage these. For example, they were clear about the person's moving and handling needs and how they were supposed to support them.

### Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe using the service. The care worker understood how to recognise the signs of abuse and explained the procedure they were expected to follow if they were concerned that someone was being abused.
- Records indicated that the care worker had received safeguarding training prior to starting work within the service.
- The provider had an appropriate safeguarding policy and procedure in place which stated the parties who needed to be informed of any safeguarding incidents as well as the process that needed to be followed.
- At the time of our inspection there had been no safeguarding concerns.

### Staffing and recruitment

- The care worker told us they had enough time to provide care to the person. We reviewed their rota and saw there were no issues regarding travel time or length of calls as they were providing care to one person.
- The provider was conducting appropriate checks before appointing people to work at the service. Pre-employment checks were completed, such as a full employment history, two work references for the care worker and evidence of the care worker's right to work in the UK.

- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We saw evidence that the provider had requested a DBS check from the care worker, but had accepted a check that had been conducted one year ago. This meant the provider could not be sure they had the full history for the applicant.

We recommend the provider take advice from a reputable source in relation to safer recruitment checks.

#### Using medicines safely

- The provider knew which medicines people were taking in relation to their care. At the time of our inspection, the service was not providing either person with medicines support, as this area of people's care was provided by their family members.
- The provider had a record of which medicines people were taking, but there was insufficient information about whether there were any side effects to these and what they were for. This meant care staff did not have access to detailed information in case of an adverse reaction or if otherwise needed.

We recommend the provider take advice from a reputable source in relation to medicines care plans.

- We noted that both the provider and care worker had completed training in medicines administration and there was an appropriate medicines administration policy in place.

#### Preventing and controlling infection

- The care worker had a good understanding about how to maintain good hygiene when providing care. They told us "We wear the gloves and wash our hands a lot."
- The provider told us they ensured enough PPE was distributed to the staff member and they were completing twice weekly lateral flow tests. The care worker confirmed this. Records showed the care worker had received infection control training as part of their induction.
- The provider had an appropriate infection control policy and procedure in place. This included clear guidance for care staff in hygienic practises.

#### Learning lessons when things go wrong

- The provider had an appropriate accident and incident policy and procedure in place and the care worker understood their responsibilities to report incidents as required.
- At the time of our inspection there had been no accidents or incidents during the course of care provision.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support

- The provider did not fully support people with their healthcare needs. We saw people's care records listed their current health conditions as well as the history of their health needs, but there was no recorded information about how these affected people. When questioned, the registered manager demonstrated a good level of understanding about people's health conditions.

The above constituted a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care worker knew about the person's health conditions and how this effected the level of support they required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed as part of the assessment process. The person we spoke with told us they were involved in the assessment of their needs prior to using the service. The person told us "They do everything I say, the way I want it done."
- However, people's care was not always delivered in line with current guidance. For example, we found risks to people's care were not assessed in accordance with nationally recognised tools as people's risk of developing pressure ulcers were not assessed.
- The provider had clear policies and procedures in place which reflected current legislation. This included the infection control policy and procedure which included relevant guidance relating to COVID safety measures.

Staff support, training, skills and experience

- The care worker confirmed they had received an effective induction to the service which followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider told us it was their intention to ensure any care workers received supervision every three months and an appraisal on an annual basis. At the time of our inspection the care worker had not been with the service long enough to have received their first supervision session.
- The provider told us it was their intention to ensure any care workers employed with them received annual mandatory training to perform their roles effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records contained limited details about their nutritional needs. The provider supported both people using the service with their meals, but the registered manager told us their responsibilities in this area were limited to preparing very simple meals such as sandwiches or heating food that had already been prepared by other family members. He confirmed neither person had any specific dietary requirements.
- The care worker understood the person's particular needs as well as their preferences in relation to their food. The care worker gave us examples of the dietary preferences of the person they supported.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies when needed. We saw evidence of communications with other professionals including social workers and GPs which demonstrated good joint working to meet people's needs. The registered manager demonstrated an understanding of the professionals already involved in people's care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection both people using the service had capacity to consent to their care. Both had signed forms consenting to their receipt of care services, had agreed to their care plans and agreed to the provider sharing information with health professionals as required.
- The care worker had received training in DoLS and the MCA and demonstrated a good understanding of the issues involved. They confirmed they requested the person's consent before they provided them with care and acted in accordance with their wishes.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant people were at risk of not feeling well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- The person we spoke with gave positive feedback about the care they received. The care worker understood the person's needs and gave us examples of how they met these.
- People's care records included some limited details about their backgrounds and life histories. These included details about their families and previous occupations. However, there was a lack of recorded detail about people's preferences regarding how they wanted their care to be delivered.
- People's care records included a record about whether they followed a particular religion and which one this was and the care worker demonstrated an understanding about this area of the person's life.

Supporting people to express their views and be involved in making decisions about their care

- The person we spoke with told us they were involved in making decisions about their care. The registered manager told us he had conducted his initial assessments with people and their families to ensure they were provided with the right level of care. He told us "The care we give to one person might not be applicable to another person. You cannot have a blanket care plan, that's why you need to get people involved to tell us what they need."
- Neither person using the service had any particular needs regarding their communication as they could both verbalise their needs fluently.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected and promoted. One person told us "It's a good service, they treat me with kindness and respect."
- The care worker understood the need to respect the person's privacy and dignity and gave us examples of how they did so.
- People were supported to maintain their independence as far as they wanted. People's care plans included some information about the level of support they needed from their care worker. For example, one person's record confirmed they were required to heat food for the person, but once they had served this, the person could eat on their own. The care worker gave us examples of how they supported the person to maintain their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant people's needs were not always met.

### Planning personalised care

- The provider planned people's care in consultation with people and their relatives. The provider conducted some initial assessments in relation to different areas of people's physical and mental health needs, but these were not comprehensive. People's care plans included some personalised information about their life histories and personal circumstances, but there was little recorded information about their specific needs and preferences with regard to their personal care or other matters.
- The care worker understood the person's particular needs and gave us examples of how they met these.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records contained very little information about their communication needs, because the registered manager confirmed both could communicate their needs verbally and this was clear when we spoke with one person over the telephone.
- The registered manager confirmed they were aware of the requirements of the AIS, but at the time of our inspection, nobody using the service required their information to be available to them in other formats.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- The provider supported people to meet their recreational needs and avoid social isolation. One person was supported to access outside activities such as attending a bingo hall and visiting the local park.
- People's care records contained some information about the support they required in this area which included the support they required of their care worker to access the activities they enjoyed.

### Improving care quality in response to complaints or concerns

- The provider understood their responsibility to investigate and respond to complaints. The person we spoke with confirmed they had received a copy of the complaints procedure and would report any concerns to the registered manager. At the time of our inspection there had been no complaints, but the registered manager confirmed that if any were received he would take timely action to resolve these to people's satisfaction.

- The provider had a clear complaints policy and procedure in place which stipulated the provider's responsibility to acknowledge and investigate complaints within a stipulated timeframe. The person we spoke with confirmed they did not have any complaints about the service, but they would report any concerns to the registered manager if needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider understood their responsibility to send notifications of significant events to the CQC. The care worker understood their responsibility to report any issues to the registered manager. At the time of our inspection there had been no notifiable events.
- The care worker spoke of a positive culture at the service. They confirmed they could speak with the registered manager at any time about any issues to do with their role.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was not conducting audits of the care provided. The registered manager did not always demonstrate a good understanding of regulatory requirements and this was reflected in their responses to questions around risk management. As a result, the issues we found in people's support plans around risk assessments were not identified.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and care worker understood their responsibilities within the service and towards the people they were caring for. The care worker explained their role and responsibilities and we saw this tallied with their job description.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The person we spoke with told us they were engaged in the running of the service as the provider sought their opinion. The person told us "he checks everything's going alright."
- The registered manager confirmed they had conducted spot checks of the service provided and we saw evidence of this. During these spot checks, people were asked for their feedback on the care provided.

#### Continuous learning and improving care

- At the time of our inspection, the provider had not had the opportunity to develop and embed a system of auditing. However, the registered manager expressed an intention to do so, once the service had been running for a long enough period of time.

#### Working in partnership with others

- The provider worked in partnership with other agencies as needed. Records indicated the provider worked with other professionals such as GPs and an Occupational Therapist.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not always ensure care was appropriate and met people's needs; (9(1)(a) and (b)).
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider was not always assessing the risks to the health and safety of service users receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks (12(2)(a) and (b)).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not always implement systems or processes to assess, monitor and improve the quality and safety of the services provided or mitigate the risks relating to the health, safety and welfare of service users which could arise from the carrying on of the regulated activity (17(2)(a) and (b)).